

THE RENAISSANCE OF THERAPEUTICS

ABSTRACT OF ARTICLE BY DR. RICHARD CABOT

IN a recent number of the *Journal of the American Medical Association*, Dr. Richard C. Cabot writes of "The Renaissance of Therapeutics," an article full of interest to nurses. We give an abstract of it for the benefit of those who have not seen it.

Therapeutics deals with the remedial, practical side of medicine, as opposed to the theoretic. He says a large portion of a physician's labor must be spent in finding out where a trouble lies before applying a remedy, but he thinks perhaps in the past there has been some temptation to become so interested in diagnosis that one's energy flagged before the question of treatment was reached, "like the man who went back so far for the run preparatory to jumping the brook that he forgot to jump it at all." For instance, patients with tuberculosis were given advice, general directions, and various prescriptions. If the patient were discouraged at the programme offered, he was allowed to drift away. "The new method is to reinvigorate the patient's courage: (a) by long, patient, and repeated explanations; (b) by taking a personal interest in his cure; (c) by the class method whereby one discouraged patient gets hope by hearing and seeing the success of the treatment in other cases; (d) by taking up and helping him to solve some of the practical objections to carrying out the cure which are likely to arise in his mind."

"This supervision of details is best carried out in this, as in all fields of therapeutics, by a nurse. Most women are far better at such things than most men, and the visiting nurse is coming to be as essential a part, I believe, of the therapeutics of this as of many other types of disease."

He gives the following essentials of the aggressive treatment of any disease:

- "1. We take the patient into our confidence.
- "2. We tell him the truth.
- "3. We attempt to meet the mental side of the problem by appropriate mental treatment.
- "4. We try to meet the material side by calling on the resources of relatives, friends, neighbors, etc.
- "5. We pay patient and long-continued attention to the details of his treatment."

Later, he refers to school inspection. "The old method was to have the school physician call at the school and examine any children

who had complained to their teacher of feeling sick. The physician's attitude was characteristically passive. If the disease were contagious he would send the child home and demand isolation; if the case was non-contagious, he would recommend the child's family to do something about it. The new method is to make a general physical examination of every child in the school at least once a year, whether it complains or not, and if, as is usually the case, a large proportion of the children are partially deaf or partially blind, the authorities do not rest content with good advice to the parents. Instead of this they come to close terms with the actual details of their problem in the way which experience shows to be the best and surest, namely, through a nurse."

Dr. Cabot next considers the increasing and intelligent interest taken by the public. "The great and beneficent activity against tuberculosis which has recently sprung up all over the country would have been impossible but for a wholly new attitude on the part of the public. The lay public is now doing fully as much as the physicians in this matter. The tuberculosis exhibits, the new hospitals for phthisis, the laws against spitting, the free examination of sputa and free disinfection of homes, are made possible only by the new interest and by the consequent liberality and coöperation of the public. The lay public must pay for these things and it must coöperate to make them effective; not infrequently it goes further and itself initiates the reform." . . .

"That we shall limit this medical education of the public to the single subject of tuberculosis I do not for a moment believe. About malaria, typhoid, yellow fever and other diseases the public must be given the fullest information that we can make them take, if we are to fight these diseases successfully. By slight, hardly noticeable steps, we have arrived at a standpoint commanding a prospect that would have astonished our fathers. We are teaching the public medicine as fast and as far as we can. The fear of alarming them, of leading them to brood over imaginary ills, and to attempt recklessly to doctor themselves proves groundless. Why? Because the public has already drank as deep as it can of the ills which we are now so fearful lest they taste. The public is already as groundlessly and nervously alarmed about disease as they can be made by the skill of advertisements intended to produce just this effect. The public will have some ideas about health and disease anyway, and the less we do to spread true ideas the more absolute will be the sway of the false and pernicious legends which are now foisted on them. The people will doctor themselves anyway, many of them, and the blacker their ignorance of health and disease the more they will do it and the worse will be the result."

Finally, he speaks of the place of women's work in therapeutics. "No one can fail to be impressed if he observes the steady increase in the amount of therapeutics now recognized to be best carried out by women. It has long been true that in the division of labor between doctor and nurse the doctor has made the diagnosis and prescribed the treatment, the nurse or the house-mother has carried out the treatment. It has also been long recognized that male nurses are seldom a success. There is in women a strong natural taste and aptitude for the very work of detailed therapeutics which we call nursing, an aptitude very conspicuous by its absence in most men.

"Within ten years we have witnessed a very interesting development in the functions of the nurse. We have now not only the nurses trained for massage and for physical therapeutics of other physical types, but the Nauheim bath nurses, the school nurses, the nurse who teaches and directs infant feeding. As fast as any branch of physical therapeutics is worked out to any degree of perfection we find it economy of time and labor to hand it over to those naturally fitted to carry out its details with the patience, tact and deftness that come from natural instinct and aptitude.

"In the newer psychic and physiologic fields which medicine has begun to invade I have no doubt that women will find a large field of usefulness. Social work and psychic therapy as they are practised independent of medicine are now overwhelmingly in the hands of women, and I see no reason for shifting these forms of therapeutics into other hands when they come to be more fully recognized and assimilated by medical practise. The effective application of all therapeutics (if you except surgery) is women's work."

ECLAMPSIA

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As eclampsia is generally considered the most serious complication of childbirth except haemorrhage, we should have a perfect knowledge of the disease. Although it is said to occur but once in each three hundred and thirty cases and is not met frequently by the nurse, it is of such a serious nature that it requires the most skilful attention when it does occur. The following definition of eclampsia is given us by Dr. Jewett: "An acute morbid condition making its advent during pregnancy, labor, or the puerperal state, which is characterized by a series of tonic and clonic convulsions affecting first the voluntary, then the